

**PATIENT REFUSAL OF PREHOSPITAL CARE AND/OR  
TRANSPORT AGAINST MEDICAL ADVICE (AMA)**

- I. AUTHORITY: California Health and Safety Code Division 2.5, Sections 1797.220, 1798.
- II. APPLICATION: This policy defines criteria and establishes guidelines to be followed when a patient refuses prehospital emergency medical evaluation, treatment and/or transport.
- III. DEFINITIONS: **"Competent"** means the patient has the capacity to understand the circumstances surrounding his/her illness or impairment, and the risks associated with refusing treatment or transport. The patient is alert and his/her judgement is not significantly impaired by illness and/or injury.
- "Emancipated minor"** means an individual under the age of 18 years who is married, on active duty in the military, 15 years or older living separate and apart from his/her parent(s), or 14 years or older and emancipated by declaration of Superior Court.
- "Patient not requiring transport" or "release at scene"** means a patient who, after a complete assessment by an emergency medical technician (EMT), does not appear to have a medical problem which requires the immediate treatment and/or transportation capabilities of the EMS system.
- "Patient refusing care against medical advice (AMA)"** means a competent patient who is determined by an EMT or base hospital (BH) to have a medical problem which requires the immediate treatment and/or transportation capabilities of the EMS system, and who has been advised of his/her condition and the known and unknown risks and/or possible complications of refusing medical care, and who still declines medical care.
- "5150"** means a patient who is held against his/her will for evaluation under the authority of Welfare & Institutions Code 5150 because the patient is a danger to him/herself, a danger to others, and/or is gravely disabled, e.g., unable to care for self. This written order may be placed by a law enforcement officer, County mental health worker, or an emergency physician certified by the County Mental Health Department to place an individual on a 5150 hold.
- IV. GUIDELINES: In the prehospital setting of the sick and injured patient, these guidelines may be interpreted and applied broadly. EMTs should err on the side of providing patient

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care, even if the patient is later found to have the capacity to refuse care. Patients likely to have a serious medical problem should be evaluated more carefully for their decision making capacity.

- A. A competent adult or an emancipated minor has the right to determine the course of his/her own medical care and shall be allowed to make decisions affecting his/her medical care, including the refusal of care.
- B. Spouses or relatives, unless they are a legal representative, cannot necessarily consent to the refusal of care for their spouse or relative. They may provide insight into what an incapacitated relative would desire, and are most often used as surrogates for decision-making when patients are incompetent, but these decisions frequently must be made in the hospital. Patients less than 18 years old must have a parent or legal representative present to refuse evaluation, medical care, and/or transport, unless they are an emancipated minor. The parent must be competent to make this decision. If the parent's decision seems to grossly endanger the child, or the parent does not appear to be competent, BH contact should be made.
- C. The EMT must evaluate and document the patient's ability to comprehend and whether his/her ability to do so is impaired by the medical condition.
  1. The EMT should assess the patient with particular attention to: 1) The patient's complaint or the reason for the call, 2) any important circumstances surrounding the call for assistance, 3) significant patient medical history, and 4) complete physical assessment including vital signs and mental status. This should include evaluation for signs of drug and/or alcohol use/intoxication; physical or mental conditions affecting judgement such as injury, developmental disability, or mental illness. Examples of conditions affecting the patient's decision making capacity are significantly altered level of consciousness or blood pressure, hypoxia, severe pain, etc.
  2. The EMT should establish to the best of his/her ability what treatment the patient requires, the potential risks/consequences of the patient's refusal of care, and should communicate to the patient the benefits and risks of the proposed medical care/transport. The EMT should make a determination regarding the patient's decision-making capacity, ascertain that the patient understands the

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risks/consequences of refusing medical attention, why the patient is refusing care, and present to the patient alternatives for obtaining care/transport or modification of services offered, and attempt to overcome the patient's objections, if reasonable. Any evaluation, including BH contact, should be more detailed for conditions the EMT believes are potentially serious.

D. Patients who have attempted suicide, verbalized suicidal intent, or when other factors lead the EMT to suspect suicidal intent, should be regarded as not competent.

E. The BH should be contacted for patients meeting BH contact criteria. If the patient refuses treatment and/or transport and there is some question on the part of field personnel as to the capacity of the patient, BH consultation should be obtained prior to leaving the scene.

F. Release at Scene

A patient who meets the criteria for release at the scene may be released by an EMT. However, the patient should be advised, if applicable, to seek alternative medical care. If the patient requires additional medical advice, the BH should be involved.

G. When a patient exhibits signs of being a danger to him/herself or others, or is gravely disabled and cannot simply be treated and/or transported, the EMT should notify the proper authorities to obtain a 5150, and remain with the patient until authorities have made such a determination. Patients on a 5150 hold cannot be released at the scene.

H. If the BH and/or EMT determine(s) that the patient is not competent to refuse evaluation or transport, the following alternatives exist:

1. The patient should be transported to an appropriate facility under implied consent. In this case, a 5150 hold is not necessary.

2. If the BH determines it is necessary to transport the patient against his/her will and the patient resists or the EMT believes the patient will resist, the EMT shall call for police assistance in transporting the patient. The police may consider the placement of a 5150 hold on the patient, but this is not required for transport.

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**NOTE: At no time are field personnel to put themselves in danger by attempting to transport or treat a patient who refuses. At all times, good judgement should be used and appropriate assistance obtained.**

V. DOCUMENTATION: A prehospital care report (PCR) and a patient release form must be completed for each incident of patient refusal of emergency medical evaluation, care and/or transportation.

The EMT should ensure documentation includes patient history and assessment, a description of the patient which clearly indicates his/her decision-making capacity, why the patient is refusing care, a statement that the patient understands the risks/consequences of refusing medical attention, any alternatives presented to the patient, and BH contact (if performed).

After advising the patient and witness(es) regarding the adverse consequences of refusing medical care, obtain the signature of the patient and one witness on the patient release form. Preferably the witness should be a member of the patient's family if available at the scene.

If the patient is a minor, the parent or legal guardian should sign the patient release form.

If the patient refuses to sign the patient release form, that fact should be documented on the form. The release should include the run number assigned by the BH (if contacted), and the signature of the field personnel and witnesses.

A PCR for a patient refusing care shall be reviewed by the provider agency in accordance with their quality improvement plan. The patient release form and the PCR must be sent to the base hospital.